

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ONE GEICO PLAZA  
Check if different than previously reported. (ACC) WASHINGTON DC 20076

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00343749 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Michael Campbell

Signature of Treasurer Michael Campbell [Electronically Filed] Date 07 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="75925.52"/>	<input type="text" value="75925.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76702.52"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5509.00"/>	<input type="text" value="10286.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="82211.52"/>	<input type="text" value="86211.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6500.00"/>	<input type="text" value="10500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75711.52"/>	<input type="text" value="75711.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2425.00	3575.00
(ii) Unitemized .....	3084.00	6711.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5509.00	10286.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5509.00	10286.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5509.00	10286.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5509.00	10286.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	10500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	10500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5509.00	10286.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5509.00	10286.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Seth M. Ingall**

Mailing Address 9308 Inglewood Ct

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation SVP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 04 / 21 / 2016  
**Transaction ID : SA11AI.27709**

Amount of Each Receipt this Period  
 60.00

Memo Item  
 Payroll deduction \$30.00 biweekly

Full Name (Last, First, Middle Initial)  
**B. Seth M. Ingall**

Mailing Address 9308 Inglewood Ct

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation SVP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 05 / 19 / 2016  
**Transaction ID : SA11AI.27710**

Amount of Each Receipt this Period  
 60.00

Memo Item  
 Payroll deduction \$30.00 biweekly

Full Name (Last, First, Middle Initial)  
**C. Seth M. Ingall**

Mailing Address 9308 Inglewood Ct

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation SVP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.27711**

Amount of Each Receipt this Period  
 90.00

Memo Item  
 Payroll deduction \$30.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Scott Edward Markel**

Mailing Address 514 Waverly Park Drive

City State Zip Code  
 Macon GA 31210-7571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO Reg VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2016  
**Transaction ID : SA11AI.27739**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)  
**B. Scott Edward Markel**

Mailing Address 514 Waverly Park Drive

City State Zip Code  
 Macon GA 31210-7571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO Reg VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.27740**

Amount of Each Receipt this Period  
 75.00

Memo Item  
 Payroll deduction \$25.00 biweekly

Full Name (Last, First, Middle Initial)  
**C. John W McCutcheon**

Mailing Address 19218 Tattershall Drive

City State Zip Code  
 Germantown MD 20874-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : SA11AI.27758**

Amount of Each Receipt this Period  
 60.00

Memo Item  
 Payroll deduction \$20.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Paul W Measley**  
Full Name (Last, First, Middle Initial)

Mailing Address 9539 E. Surprise Canyon Ct.

City Tucson State AZ Zip Code 85748-3279

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation Reg Liab Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.27770**

Amount of Each Receipt this Period 60.00

Memo Item  
Payroll deduction \$20.00 biweekly

**B. Robert Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3025 Amherst Avenue

City Dallas State TX Zip Code 75225-7808

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation Regional VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 21 / 2016  
**Transaction ID : SA11AI.27771**

Amount of Each Receipt this Period 60.00

Memo Item  
Payroll deduction \$30.00 biweekly

**C. Robert Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3025 Amherst Avenue

City Dallas State TX Zip Code 75225-7808

FEC ID number of contributing federal political committee. **C**

Name of Employer GEICO Occupation Regional VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : SA11AI.27772**

Amount of Each Receipt this Period 60.00

Memo Item  
Payroll deduction \$30.00 biweekly

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Robert Miller**

Mailing Address 3025 Amherst Avenue

City State Zip Code  
 Dallas TX 75225-7808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO Regional VP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : SA11AI.27773**

Amount of Each Receipt this Period  
 90.00

Memo Item  
 Payroll deduction \$30.00 biweekly

Full Name (Last, First, Middle Initial)  
**B. Olza Nicely**

Mailing Address 5830 Pageland Ln

City State Zip Code  
 Gainesville VA 20155-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO President-Insurance operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 04 / 21 / 2016  
**Transaction ID : SA11AI.27783**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 Payroll deduction \$100.00 biweekly

Full Name (Last, First, Middle Initial)  
**c. Olza Nicely**

Mailing Address 5830 Pageland Ln

City State Zip Code  
 Gainesville VA 20155-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 GEICO President-Insurance operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 19 / 2016  
**Transaction ID : SA11AI.27784**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 Payroll deduction \$100.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 490.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A. Olza Nicely**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5830 Pageland Ln  
 City Gainesville State VA Zip Code 20155-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation President-Insurance operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.27785**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll deduction \$100.00 biweekly

**B. Dana Proulx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Avery Court, S.W.  
 City Vienna State VA Zip Code 22180-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2016  
**Transaction ID : SA11AI.27806**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

**C. Dana Proulx**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Avery Court, S.W.  
 City Vienna State VA Zip Code 22180-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GEICO Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : SA11AI.27807**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll deduction \$25.00 biweekly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. William Roberts</b>			Date of Receipt MM / DD / YYYY 04 / 21 / 2016 <b>Transaction ID : SA11AI.27816</b>
Mailing Address 9413 Brooke Dr			Amount of Each Receipt this Period 250.00
City Bethesda	State MD	Zip Code 20817-2109	<input type="checkbox"/> Memo Item Payroll deduction \$125.00 biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer GEICO	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. William Roberts</b>			Date of Receipt MM / DD / YYYY 05 / 19 / 2016 <b>Transaction ID : SA11AI.27817</b>
Mailing Address 9413 Brooke Dr			Amount of Each Receipt this Period 250.00
City Bethesda	State MD	Zip Code 20817-2109	<input type="checkbox"/> Memo Item Payroll deduction \$125.00 biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer GEICO	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C. William Roberts</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2016 <b>Transaction ID : SA11AI.27818</b>
Mailing Address 9413 Brooke Dr			Amount of Each Receipt this Period 375.00
City Bethesda	State MD	Zip Code 20817-2109	<input type="checkbox"/> Memo Item Payroll deduction \$125.00 biweekly
FEC ID number of contributing federal political committee. C			
Name of Employer GEICO	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Franklin Kelly Silva**

Mailing Address 15572 Pinehurst Pl

City San Diego State CA Zip Code 92131-4310

FEC ID number of contributing federal political committee. **C**

Name of Employer **GEICO** Occupation **AVP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11AI.27837**

Amount of Each Receipt this Period  
**60.00**

Memo Item  
 Payroll deduction \$20.00 biweekly

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2425.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Santiago Campaign**

Mailing Address 5471 Spring Hill Drive

City Spring Hill State FL Zip Code 34606

Purpose of Disbursement  
Voided Check

011

Candidate Name

**David Santiago Campaign**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

Transaction ID : **SB23.27883**

Amount of Each Disbursement this Period

-1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. David Santiago Campaign**

Mailing Address 5471 Spring Hill Drive

City Spring Hill State FL Zip Code 34606

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**David Santiago Campaign**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

Transaction ID : **SB23.27884**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dennis Ross**

Mailing Address 133 South Harbor Dr.

City Venice State FL Zip Code 34285

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Friends of Dennis Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : **SB23.27885**

Amount of Each Disbursement this Period

1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GOVERNMENT EMPLOYEES INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Property Casualty Insurers PAC

Mailing Address 2600 South River Road

City Des Plains State IL Zip Code 60018-3286

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Property Casualty Insurers PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2016

Transaction ID : SB23.27886

Amount of Each Disbursement this Period

5000.00
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Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

6500.00
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